

Immunization Requirements for School Admittance Provisional Enrollment FAQs

New immunization requirements for enrollment will affect schools this school year. The Texas Education Agency (TEA) and the Texas Department of Health (TDH) will assist with implementing the new requirements and provide information and technical assistance to schools and parents.

On April 15, 2004, in response to a joint request by TEA and TDH to clarify portions of the Education Code relating to provisional enrollment and immunization requirements, the Texas Attorney General issued No. GA-0178. The Attorney General determined that only TDH may adopt rules relating to provisional admission and immunization requirements. Following are frequently asked questions regarding provisional enrollment and the conscientious exemption from immunizations. The following answers have been provided by TEA and TDH to help school staff implement these requirements.

What is Provisional Enrollment?

Provisional enrollment is a component of the rules adopted by the Texas Department of Health (TDH) for the minimum immunization requirements for school entry. Provisional enrollment allows a student meeting certain specific criteria to be admitted to school on a temporary basis for up to 30 days. During this 30-day period, the parent is responsible for ensuring that the student receives the necessary vaccine(s) as fast as is medically feasible, and/or providing a complete and current immunization record to the school. Texas schools are also responsible for ensuring that immunization records are sent to requesting Texas schools within the 30-day period.

What government agency adopts the rules on provisional enrollment? According to the Texas Attorney General Opinion No. GA-0178, only TDH may adopt rules relating to provisional admission.

Can TDH adopt rules that would prohibit a student from being admitted into a school? Yes. Admission to a school is not allowed until records are produced showing (1) that the child has been immunized in accordance with the rules; (2) the child has an exemption from immunization requirements on file with the

See [Immunizations](#) page 6

2003-04 Awards for Excellence in Texas School Health Winners!

Ernesto Marquez, TDH Adolescent and School Health Program

The Texas Department of Health (TDH) is proud to announce the eleven schools/districts selected for Awards for Excellence in Texas School Health for the 2003-04 school year. Awards for Excellence recognizes and promotes effective school health programs and initiatives that are improving the lifelong health of students, staff, and/or their community. Awards for Excellence is sponsored by the Texas Health Foundation, and administered by TDH. The Texas Pediatric Society Foundation offers three additional awards to honor schools focusing on increased nutrition and physical activity to reduce obesity-related diseases.

TDH encourages any school or district in Texas, public or private, with a health program that has been in place for at least one year, to apply for an Award for Excellence. The application for the 2004-05 competition will be available on-line in October 2004 at www.tdh.state.tx.us/schoolhealth/awards.htm. Our goals are to provide recognition and funding to effective school health programs and promote them as models for other Texas schools to use.

The Awards for Excellence ceremony will be held at the Texas School Health Association (TSHA) Annual Conference on January 28, 2005. The TSHA Conference will include opportunities to hear award winners discuss the implementation of their successful health programs. We encourage anyone with an interest in coordinated school health programming to



A Westview Middle School student enjoys a selection of healthy alternative snacks during the *Club West* program.

attend the TSHA Conference. For more info on the TSHA Conference see page 8.

Following are the four Awards for Excellence categories. Below each are the winners in that category. For more info on the award-winning programs visit the TDH website at www.tdh.state.tx.us/schoolhealth/awards.htm.

❖ Texas Pediatric Society Foundation Awards

Awarded \$1000 each for promoting increased nutrition and physical activity:

Hartman Elementary, Wylie I.S.D.
Hartman Healthy Heart Club

During 2002, a Hartman Elementary P.E. Teacher told the school nurse his 4th grade class was "the heaviest class I have had in the 15 years I have taught

See [Awards](#) page 3

INSIDE

| | |
|--|---|
| Texas Department of Health to become the Department of State Health Services..... | 2 |
| New TDH Early Childhood Nurse Consultant..... | 2 |
| Texas Health Steps - The Basics..... | 3 |
| Let's Teach Our Children to be Tobacco Free - Tar Wars Program..... | 4 |
| School-Based Nutrition Monitoring- How Do Your Students Measure Up?..... | 4 |
| Safe Riders - Safety Seat and Safety Belt Education / Child Seat Distribution..... | 5 |
| New Bioterrorism CNE Requirements for Nurses..... | 5 |
| New Findings on the Teen Brain Encourage Parents to Stay the Course..... | 6 |
| Texas School Health Association Conference..... | 8 |
| TDH HIV/STD Conference..... | 8 |
| Daingerfield-Lone Star I.S.D. Wins Texas Friendly Mother Worksite Award..... | 8 |



Letter from the Editor

Michelle McComb, M.S.N., R.N., Manager
TDH Adolescent and School Health Program

The Texas Attorney General's opinion on immunization requirements for school entry released in April, 2004, provided a landmark opportunity for the Texas Department of Health (TDH) and the Texas Education Agency (TEA) to collaborate. Working together, both agencies developed strategies for:

- developing easily understood instructions for schools
- determining methods of communication with schools
- including stakeholders from health and education systems
- disseminating a consistent message, and the same information and instructions, via multiple channels.

The Commissioner of Education and Commissioner of Health jointly sent a letter and a Frequently Asked Questions (FAQs) document to all Texas school campuses and superintendents during the week of July 12 through 16, 2004. This information was shared with TASB for inclusion in Policy Update 73, which is scheduled to reach districts in mid-late August or early September. Although the contents of these documents appear in article format on pages 1 and 7 of this issue, the documents themselves can be viewed at

www.tdh.state.tx.us/immunize/school_news.htm under the heading "Provisional Enrollment Update."

Have you seen the letter and FAQ document? If not, please visit the website above to obtain a copy and begin a dialogue in your district. This provides school nurses an opportunity to work with campus administration, office staff, faculty and parents to develop a process for ensuring that school immunization requirements are met. This situation is just one example of the many ways TDH, TEA and other agencies work together to improve the health of and future for Texas children and youth! Districts and communities can do the same thing through effective local school health advisory councils (SHACs). If your district does not have a SHAC, please contact your regional school health specialist for additional information. A directory of regional school health specialists can be found at www.tdh.state.tx.us/schoolhealth/net_list.htm.

One immunization concern that may cross your mind (and certainly did mine) is whether or not the current private and public health

See [Letter from Editor](#) page 7



Through the enactment of House Bill 2292, the Governor and the Legislature have directed Texas health and human services agencies to consolidate organizational structures and functions, eliminate duplicative administrative systems, and streamline processes and procedures that guide the delivery of health and human services to Texans. The H.B. 2292 Transition Plan for Consolidation of Health and Human Service Agencies in Texas consolidates twelve agencies, including the Texas Department of Health (TDH), into four departments under the direction of the Health and Human Services Commission:

- Department of State Health Services
- Department of Aging and Disability Services
- Department of Assistive and Rehabilitative Services
- Department of Family and Protective Services

As of September 1, 2004 TDH will merge with the Texas Commission on Alcohol and Drug Abuse (TCADA), the Texas Health Care Information Council (THCIC), and part of the Texas Department of Mental Health and Mental Retardation (MHMR) to become the Department of State Health Services (DSHS).

Adolescent and School Health Program staff will become part of the **Health Promotion Unit** in the **Disease Prevention and Intervention Section**. The Disease Prevention and Intervention Section will be under the **DSHS Division for Prevention and Preparedness**.

School spinal screening services will no longer be overseen by Adolescent and School Health Program staff. That responsibility will be taken over by the **Case Management and Health Screening Unit** under the **Specialized Health Services Section**. To view the new DSHS organizational chart and a description of each of these areas above, visit www.dshs.state.tx.us/orgchart/default.htm.

Adolescent and School Health Program staff do not anticipate delays in services to our customers during the transition. We will publicize new contact info as soon as it is confirmed. ■

New TDH Early Childhood Nurse Consultant



We are pleased to introduce Ms. Jayme Ramirez, R.N., M.S.N. Jayme is an Early Childhood Nurse Consultant, and will be developing and coordinating early childhood activities. She will also provide consultation regarding health and safety issues for children ages newborn to five. Jayme will develop and provide parenting information, training, and technical assistance to stakeholders including other TDH programs, state and local agencies, contractors, the medical community, professional associations, the early care and education community, and community organizations.

Jayme received her Bachelor of Science in Nursing, and more recently, a Masters in Nursing with a concentration in public health from the University of Texas in Austin. She has worked in women's and children's health for the past five and a half years. Most recently she was a research assistant for a longitudinal study on health risk behaviors in youth. Prior to that, Jayme has been a labor and delivery nurse, an obstetric and gynecology office nurse, and a patient educator. Jayme is a member of the American Public Health Association, and is an active volunteer for a local children's bereavement camp.

Jayme officially began her duties at TDH on May 10, 2004. For early childhood health info and resources contact Jayme at (512) 458-7111, ext. 2133 or jayme.ramirez@tdh.state.tx.us. ■



The Five W's Texas Health Steps Basics

Kathy Reeves, TDH Texas Health Steps Program

WHAT is Texas Health Steps?

The Texas Health Steps (THSteps) Program (known nationally as the Early and Periodic Screening, Diagnostic, and Treatment [EPSDT] Program) is Medicaid's comprehensive preventive child health program for individuals from birth to age 21 enrolled in Medicaid. THSteps reimburses doctors, dentists, and other health care professionals who provide periodic medical and dental checkups, eye exams and glasses, hearing tests and hearing aids, special care through the Case Management for Children and Pregnant Women Program, and other necessary health care to approximately 1.8 million young Texans.

THSteps manages this program of comprehensive prevention and treatment by reimbursing providers for assessing a child's health needs through initial and periodic checkups based on the American Academy of Pediatrics periodic schedule that has been modified to meet state and federal guidelines. One of THSteps' primary goals is to identify health conditions during scheduled THSteps checkups and treat them early before they become big problems.

WHY should eligible students in your school participate in the THSteps Program?

- For peace of mind. Getting a checkup and finding out a child has a clean bill of health.
- For a head start on better health.
- For effective medical and dental care at no cost to the THSteps recipient.
- To do better in school. Approximately 80% of Medicaid recipients are children. By using THSteps services, children are more likely to attend and do better in school.

WHO are the people of THSteps?

The Public – THSteps is a health program that provides medical and dental services to improve the overall health of anyone enrolled in Medicaid who is under the age of 21.

The Providers – doctors, dentists, nurses, and other health care workers are the cornerstones to the success of the THSteps Program. These professionals must be enrolled in Medicaid as well as the THSteps Program to provide these checkups and receive reimbursement for them.

THSteps Staff, Volunteers, and Outreach Counselors – THSteps staff, volunteers, and outreach counselors make better health happen by (1) educating THSteps recipients and their guardians about the services available and how to access these services, and (2) assisting THSteps recipients in finding medical providers, making appointments, and arranging rides or getting money for gas so that recipients can get to their appointments.

WHEN is THSteps important?

When it comes to health and dental care, early regular care is best. Babies, toddlers, kids, teens, and young adults all need checkups early—when they are young—and on an ongoing, regular basis to stay healthy. This is important for achievement in school. Because good health is so important, when students receive their THSteps medical and dental checkups during school hours, state law requires that their absence be excused, and that it not count against the school's average daily attendance, even if they are away from school for several hours or most of the day (Texas Education Code 25.087(b)).

WHERE do people go to get THSteps services?

Another of THSteps' biggest goals is to help each young person and their family locate a "home-base" for their medical and dental care or "medical and dental home." By having a medical and dental home, THSteps recipients will have a doctor and dentist they know and trust and who will know all of the important details about their health and dental status.

Young people and/or their guardians can apply for Medicaid through their local Texas Department of Human Services office. Once they are found eligible for services, they are enrolled in the Medicaid Program. All children who are enrolled in Medicaid and under 21 years old are eligible for THSteps services. To get started in the THSteps program, recipients and their guardians are provided with:

- lists of medical/dental providers (when requested by the recipient or their guardian)
- help setting up appointments
- help finding transportation to get to appointments and most important of all
- help understanding what services are offered and why we need them for better health.

For more info, call Texas Health Steps toll-free at 1(877) THSteps (1-877-847-8377). ■

Awards

here." Hartman Elementary 's Healthy Heart Club provides students, staff, and parents the knowledge and skills to make healthy lifestyle choices that include increased nutrition and exercise. Healthy Heart Club includes an increase of time dedicated to physical education, on-going walking and jump rope programs, nutrition education, annual food & fun night for families, a health column in the parent newsletter, regular B.M.I. measurements, and more fruits and vegetables on the school menu.

Midland I.S.D.

Active for Life

Midland I.S.D. established Active for Life in response to students at risk for obesity-related diabetes, cancer, and cardiac arrest. Key activities include formation of Active for Life committees at each campus, promotion of a walking program at 38 open houses and via local media, a "Teachers on the Move" competition, and School Board/media recognition for campuses and students with the most cumulative steps.



Midland I.S.D. Health Services Coordinator Cathy Harris and students accumulating steps for Active for Life

Waxahachie Junior H.S., Waxahachie I.S.D.
WOW "Walk on Warriors"

WOW was implemented to reduce obesity among students and staff, and encourage healthy lifestyles to benefit them throughout their lives. WOW achieves this through an on-going walking program using a one-mile course inside the school, pedometers for students and teachers, designated times to walk during school, nutrition education, and program promotion through local media. Twenty four students and one teacher signed up the first day of the program. Numbers have increased to 124 students, 10 teachers, and the principal, who wears a pedometer every day.

■ Awards for Excellence ■

Awarded \$1000 - \$1500 each for creating, implementing, and evaluating a program to address student and/or staff health needs:

Austin I.S.D.

Fit, Healthy and Ready to Learn

The Fit, Healthy and Ready to Learn Initiative (FHRL) facilitates collaboration between schools, parents, and community organizations to improve school nutrition, increase physical activity, promote children's health and academic success at all grade levels, and provide tools and resources for stakeholders to achieve these

See Awards page 5

Let's Teach Our Children to Stay Tobacco-Free!

Janie G. Dykes, Texas Tar Wars Coordinator

As you are reading this article, a child somewhere in our state is smoking a cigarette for the first time. Almost 90% of all tobacco users start before age 18. Many tobacco companies target children as young as 9 years old. One-third of teens using tobacco will die prematurely from a tobacco-related disease.

Tar Wars, an award-winning program of the American Academy of Family Physicians, is a free, nationwide tobacco prevention education campaign targeting fourth and fifth graders. The mission of Tar Wars is to educate students about how to lead a tobacco-free lifestyle, make positive healthy choices, and take personal responsibility for their well-being.

The Tar Wars presentation takes place in the classroom and is an interactive approach to teach students about the short-

term consequences and financial implications of tobacco use, reasons why people use tobacco, and deceptive tactics used in tobacco advertising. The Program Guide is consistent with the Centers for Disease Control and Prevention Guidelines

for Tobacco-Free Schools. The Program Guide is also available in Spanish and can be downloaded from: www.tarwars.org.

Since its inception in 1988, the Tar Wars Program has reached more than 2.5 million children worldwide.

Community health professionals volunteer to present the one-hour, one-time tobacco awareness curriculum, followed by a poster contest. The follow-up poster contest, which has prizes at the local, state, and national levels, reinforces the Tar Wars message by encouraging students to creatively express what they learned about

being tobacco-free. Local school health advisory councils (SHACs) may consider implementing the Tar Wars Program as a tobacco use prevention component of a coordinated school health program.

For more info on Tar Wars, to register online to be a Tar Wars presenter, or to receive a Tar Wars presentation in your school, visit www.tdh.state.tx.us/otpc/tarwars, or call 1(800) 345-8647 (toll free).

Local school health advisory councils (SHACs) may consider implementing the Tar Wars Program as a tobacco use prevention component of a coordinated school health program.

Program Timeline

Classroom presentations
September, October, November,
and December 2004

Texas Poster Contest
April/May 2005

National Poster Contest
Alexandria, VA - July 2005

School-Based Nutrition Monitoring (SBNM)

How Do Your Students Measure Up?

Gretchen Stryker, M.P.H., R.D., TDH Region 4/5N Public Health Nutritionist

Is your school district developing or implementing plans to address our country's problem of escalating childhood obesity? Does your school district have a system for measuring your students' heights and weights and calculating their body mass indices (BMIs)? Do you need measurements of their nutrition knowledge, their levels of physical activity, their attitudes and beliefs regarding nutrition physical activity and health? Do you need a tool to identify improvements in your schools following the implementation of new curriculums that address your students' health status? If any of these questions address your school's needs, read on for valuable information regarding School-Based Nutrition Monitoring (SBNM), available from the Texas Department of Health (TDH).

What is School-Based Nutrition Monitoring? SBNM is a system developed and validated by the University of Texas-Houston School of Public Health. SBNM is performed in a school district to monitor the prevalence of overweight/obesity. SBNM identifies factors that may underlie obesity, such as food choice behaviors, food selection skills, weight perceptions and practices, nutrition knowledge, attitudes

about food and eating, and physical activity behaviors.

What information is collected during SBNM? Students in grades 4, 8, and 11 complete a questionnaire administered by TDH employees. After completion of the surveys, trained TDH staff follow protocols developed by the UT-Houston School of Public Health, measuring the height and weight of each student. Aggregate results can provide a reasonable idea of what the group is doing overall.

How much staff and student time does it take to complete SBNM? Consent forms are provided by TDH staff and distributed by school faculty to the students approximately two weeks prior to the survey date. One class period (for each grade level) should be sufficient for the administration of surveys. Students take their completed surveys to measurement stations that have been set up by TDH staff in a remote area to ensure privacy for students (usually in a separate room or behind screens). There are optional surveys for the district's director of food service, campus food service supervisors, principals, and for teachers of nutrition and

health-related subjects in each of the three grade levels.

What information is reported to the district? The aggregate data is analyzed, correlating certain reported behaviors with the presence of overweight and obesity. A detailed copy of the data analysis is provided with a summary for each grade level.

How does a school district determine how they are doing in relation to other districts and the state? The summary report compares analyzed district data with data from the region and Texas as a whole. Statewide data collected in the 2000-2001 and again in the 2004-2005 academic year (using identical tools and protocols) are directly comparable to the local data. National health objectives are also provided in the summary report.

Who do we contact for more information about School-Based Nutrition Monitoring? Please contact your regional nutritionist. Visit www.tdh.state.tx.us/phn/default.htm, the Public Health Nutrition website, and click on Regional Nutritionist to determine which nutritionist covers your area. ■



Do many of your students arrive at and leave school unrestrained in their vehicles? Or perhaps they are wearing a seatbelt, but are not in a booster seat? Most children ages 4 to 8 should ride in booster seats. Booster seats can prevent severe head, abdominal, and spinal cord injuries in a crash. A booster seat lifts a child up so that the vehicle's safety belt fits correctly. A child should use a booster seat until he/she fits the vehicle's safety-belt system. Children are generally not big enough for the safety belt system by itself until they are around 8 years old, 4'9" tall, and about 80 lbs.

Would you like to help your student's parents and caregivers understand a safer way to transport their children to school? The Texas Department of Health (TDH) Safe Riders Program offers free educational materials including bilingual brochures and videos, safety checklists, and stickers to help parents learn how to transport their children safely. To order materials, log on at www.tdh.state.tx.us/saferiders. In addition, through the Safe Riders Child Safety Seat Distribution Program, you can help your school's low-income families attain safety seat and safety belt education, along with a safety seat (including a booster seat if appropriate) at no charge. For this service, refer parents to Safe Riders by phone at 1(800) 252-8255. ■

New Continuing Education Rules on Bioterrorism Enacted

(From RN Update, January 2004, Volume 35, No. 1)

Over the past couple of years, Texas RNs have had their first experience with targeted continuing education (CE) requirements in the form of the Hepatitis C CE mandate that was passed in the 2001 Legislative Session. As the Hepatitis C requirement ends this year (June 1, 2004), a new targeted CE requirement is at hand. During the 2003 Legislative Session, House Bill 1483 was passed amending the Nurse Practice Act with the addition of Section 301.305. This new section requires that a two hour bioterrorism component be included in the 20 hours of CE required for all nurses (LVNs, RNs, and Advanced Practice Nurses). This targeted CE requirement originates from the work of the Governor's Task Force on Homeland Security. The Task Force recommended that all health licensees complete CE requirements on reporting medical events and responding to bioterrorism.

To implement this new requirement, the Board has adopted amendments to Chapter 216, with the addition of sections 216.1(5) and 216.3(5). The Board is prohibited from enforcing these CE requirements before June 1, 2006 and this one-time CE requirement will expire on September 1, 2007. Section 216.3(5) provides flexibility in meeting the requirement since the bioterrorism CE may be obtained during either two year license renewal period preceding September 1, 2007. For example, a nurse renewing his/her license in May 2005 may obtain the bioterrorism CE between May 2003 and May 2005 or between May 2005 and May 2007. This CE requirement may be met through completion of either Type I or Type II CE activities. The two hour bioterrorism CE will be considered part of the minimum 20 hours of CE required of all nurses each biennium. Specifically, the content of the bioterrorism CE must include information relevant to preparing for, reporting medical events resulting from, and responding to the consequences of an incident of bioterrorism. In addition, required criteria are delineated in Section 216.3(5)(B). This rule language may be viewed on the BNE website at www.bne.state.tx.us under "Rules and Regulations." ■

Awards

goals. Achievements of FHRL to date include adoption of a healthy foods for vending machines policy from K-12 (effectively removing sodas from ALL schools in AISD), award of a grant from the Steps to a Healthier U.S., recognition from the Texas Commissioner of Agriculture as a leader in improving school nutrition, and inclusion in the CDC's "Making it Happen" as a case study on how the School Health Advisory Council, working with the district, accomplished their nutrition awareness goals.

Haude Elementary, Klein I.S.D.

BEST Boot Camp/Basic Emergency Skills Training

Best Boot Camp teaches 5th grade students to perform lifesaving skills and think critically during emergencies. The goal is to prepare students not only for unpredictable emergencies, but also for more common ones such as diabetic emergencies, allergic reactions, seizures, and injuries at sporting and social events. BEST Boot Camp has received recognition in the local newspaper. Outcomes are measured through student opportunities to demonstrate their new skills.



Haude Elementary students having fun while learning lifesaving skills.

LPW Early Childhood Learning Center, Greenville I.S.D.

Healthy Starts

Healthy Starts is based on the premise that children should be taught healthy habits to prevent chronic disease at the earliest age possible so that they adopt those habits for life. At LPW students learn safe, age-appropriate exercise via individual and group activities. Other activities include fun games, songs with health messages, and adult modeling of healthy lifestyles. Students learn proper hand washing and oral hygiene, how their bodies function, and proper nutrition for optimum physical performance. Parents are involved in the classroom, in parent nutrition classes and at monthly parent meetings.

Westview Middle School, Pflugerville I.S.D.

Club West

Club West is a weekly after-school club designed to appeal to the middle school "mind set." Club West promotes a healthy lifestyle by offering opportunities to improve nutrition and alternative ways to exercise regularly. While some students love P.E., many do not, and they will make excuses to avoid it. Club West offers other fun ways to exercise such as martial arts, hip-hop, swing dancing, and yoga. To make Club West appealing, Club West requests input from students, and a student leadership council helps plan the activities and field trips.

Huffman Elementary, Plano I.S.D.

"Princess Nurse says: Don't Touch Your Face"

Sandra McKenzie, the school nurse, was discouraged by the number of "nose pickers," eye itching, and fingers seen in mouths, especially with the 2003-2004 flu strain of serious concern. Princess Nurse says "Don't Touch Your Face"

See Awards page 7

New Findings on the Teen Brain Encourage Parents to Stay the Course

Kenja Purkey, *Worth the Wait* - Amarillo

The emotional roller coaster ride characteristics of a young adult's teenage years used to be blamed on the onslaught of hormones flooding their body at and after puberty. New research by Dr. Jay Giedd at the National Institutes of Mental Health has found that surging estrogen and testosterone levels do have an impact, but a teen's developing brain may be the real reason for the teenage angst that tries even the most patient parent.

Before this study, scientists believed that a child's brain was fully formed by the time they were age 12. By using Magnetic Resonance Imaging (MRI), scientists have been allowed to look at healthy teen brains at work. To their astonishment, they have discovered that the brain continues its maturing process though about age 25.

What's more, the millions of neural connections forged in the brain during childhood are pruned at two critical times, around the age of 11 and then again in the late teens. This pruning process gets rid of unnecessary brain connections in a sort of "use it or lose it" filter. Interests and hobbies important to a teen during this pruning are probably the things that will remain important on into adulthood.

The amygdala is an area in the brain responsible for gut and emotional reactions to stimulus.

As the brain matures, it does so from the back of the brain first, and the middle and front regions follow later. It is this order of maturation that may explain why teens are so prone to emotional outbursts. The amygdala is an area in the brain

responsible for gut and emotional reactions to stimulus. Teens rely heavily on this region, while adults rely more on the neo-cortex, which is the logic and organizational area of the brain. The neo-

cortex is one of the last areas to mature in the brain.

Teenagers crave the excitement of risk-taking, looking for experiences where they can be allowed to leave the familial nest. The neo-cortex is the region responsible for weighing the consequences of decisions, which may explain why teens often feel bulletproof, make dangerous decisions, and participate in risky behaviors. It also makes a case as to why accidents are the leading cause of death in teens, as well as why many people who smoke, drink heavily, or take drugs begin to do so during their teen years.

While it's not easy to battle biology, there are some things educators and parents can do to coach adolescents during this developmental period. In children, encourage the exploration of many interests. While some of these interests may get pruned in early adolescence, some will still remain to help keep them busy as they become teens. Encourage pro-social risk-taking in teens.

Teens who are allowed to take risks such as participating in extreme sports, mountain climbing, or dirt track racing are less likely to engage in more detrimental risky behaviors like substance abuse.

Provide structure. Help them identify tasks to be done and help them organize their time in such a way they can complete them (think about how many teens wait until the last night to do a term paper that was assigned a month ago).

Help guide teens through difficult decisions, making sure they understand the consequences and benefits of the choices they make.

Finally, nothing can take the place of patience and unconditional love. This does not mean allowing teens to shirk responsibilities for their actions, but does let them know that you love them and are willing to help guide them when they make mistakes. ■

Source: Wallis, Claudia. *What Makes Teens Tick?* *Time Magazine*. May 10, 2004. pp. 57-65.

Immunizations

school in accordance with the rules; or (3) that the child is entitled to provisional enrollment.

What specific circumstances must a child fall under to qualify for provisional enrollment?

Provisional enrollment allows a student to enroll in school under the following situations:

Transfer Students: students transferring from one Texas public or private school to another.

Homeless Students: students defined as homeless according to the federal McKinney-Vento Act, 42 U.S.C. §11434a.

Students In-Progress: students who have received at least one dose of each specified age-appropriate vaccine required by the TDH rules. To remain enrolled, students must complete the required subsequent doses of each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose(s) is (are) administered.

Can a child without an immunization record be enrolled provisionally if they are not homeless, are not transferring from a Texas school or are not progressing towards obtaining immunizations as fast as is medically feasible? No. The child must obtain the first doses of the required vaccines and then they can be admitted provisionally as long as they

are progressing towards receiving the remaining required vaccines as fast as is medically feasible.

What if a child does not have all his or her shots up-to-date prior to starting school?

The student will be required to receive the necessary vaccinations in order to enroll or start school. If the student has started the series and is on schedule, he or she can enroll provisionally until it is medically feasible to receive the next vaccine dose.

What if the student is more than a year delinquent for a vaccine? Can this student be allowed to attend school provisionally at the beginning of a new school year?

No. If more than the maximum amount of time to receive the next dose has expired, the student cannot attend school until he/she received the required dose.

What do parents or guardians need to show as proof that their child has started the vaccine series needed?

Acceptable documentation of immunizations is any record of immunizations validated by a physician or his/her designee, or public health personnel. The record must show the month, day, and year when each immunization was received.

Is the conscientious exemption for immunizations valid for two or five years?

The conscientious exemption is valid for two years.

Nurses in our schools want to know if the change to two years, for the conscientious exemption, applies to those students who have already filed an affidavit for the Exemption for Reasons of Conscience or does

it apply to new applicants? The two-year time period applies to new applicants. Those students, who filed an affidavit that was valid for five years, get a five-year exemption.

The child has no immunizations on file. I did receive a faxed copy of a Texas Religious Exemption dated in 1999. Does this child need a new affidavit?

No. Religious exemptions dated prior to September 1, 2003 are life-long exemptions.

In which counties is the hepatitis A vaccine required? The designation of these counties is valid for how long? Is there a website address that could be added for information?

Bexar, Brewster, Brooks, Cameron, Crockett, Culberson, Dimmitt, Duval, Edwards, El Paso, Frio, Grayson, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Moore, Nueces, Pecos, Potter, Presidio, Randall, Real, Reeves, Starr, Sutton, Terrell, Terry, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala Counties. Once hepatitis A vaccine is required in a county, that requirement is in effect indefinitely. This list of counties and other information on immunization requirements is available at www.ImmunizeTexas.com.

Where can parents take their children to get the required immunizations?

Parents should contact their children's physician. Alternatively, they can contact their local health department or the nearest Texas Department of Health Regional Office for information.

For more info see www.ImmunizeTexas.com or contact the Immunization Division Customer Service team at 1(800) 252-9152. ■

care provider system is able to support stringent adherence to immunization requirements for school entry. Will the available providers and vaccine be enough to keep up with the demand of students in need? Anecdotal reports from schools and providers indicate that the beginning of the 2004-05 school year may prove challenging because of time limitations compared to the volume of students needing vaccines. As schools learn of the requirements and communicate with parents during the 2004-05 school year, the number of students requiring immunizations prior to the beginning of school in future years should be more evenly distributed over the spring and summer months, instead of the rush experienced in late July and early August of this year.

Rather than refer students for vaccines and wait for records and follow up, why not give the vaccine yourself? Now might be a good time for school nurses to seriously consider enrolling as a Texas Vaccines for Children (TVFC) provider. For further information about the TVFC program, visit www.tdh.state.tx.us/immunize/tvfc.htm or call 1(800) 252-9152.

School participation benefits students, parents, schools and the community. Consider what Dr. Kirk London, Superintendent of Schools for Hays Consolidated I.S.D., has to say:

"The vaccination station at Hays High School is a great convenience to students and parents. Once a parent receives notification of a required vaccine, he/she can sign a consent and send it back to school, along with the \$5 per vaccine fee. The student loses little instruction time because the station is located on the campus and the vaccination can be administered in no time at all. The vaccination station goes a long way in getting our immunization rates where they should be, while keeping our students in the classroom, where they belong."

Jerry McCullough, Deputy Superintendent of Arlington I.S.D. also commented on the TVFC program:

"The Arlington Independent School District has participated in the TVFC program for almost ten years. We have seen parent participation steadily grow each year of this participation; during the 2003-2004 school year alone, the district administered approximately 2,900 vaccinations. Four of our school nurses give vaccines during the school day for eligible students who would otherwise miss school to obtain required immunizations, and twice a month school nurses hold an after-hours Shot Site so parents can bring their children for immunization after the traditional work day. Parents see the advantage of the low cost and convenience of this program, while principals and nurses appreciate the benefits of better vaccination compliance, decreased absences and improved community relations."

The role of the school nurse is ever-changing and evolving. School nursing is considered a specialty nursing practice by the American Nurses Association, and this position is supported by both the National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP). Contemporary school nurses adapt and improve their practice in order to meet the needs of their clients. I would ask you to engage in some serious self-reflection. Have you defined your practice, or better yet, have you identified the priority health needs of the population you serve? What value do you add to the school environment that someone without the initials L.V.N. or R.N. after their name could not? (Hint: administering immunizations is one example.) What outcomes do you want for your students' health this year? If you want and expect different results, what must be done differently to get you there? Would you describe what you do as contemporary school nursing practice? If not, isn't it about time that you did?

Michelle

teaches and reinforces healthy hygiene habits in a fun & spirited manner. Dressed in an orange and pink princess hat, "Princess Nurse" educates & reinforces lessons using visual, tactile, & auditory stimulation. Each grade incorporates her lessons into classroom activities and lessons.



Sandra McKenzie, (aka Princess Nurse) helps Huffman Elementary kids get enthused about healthy hygiene.

▣ Previous Awards for Excellence Winners ▣

Awarded \$1200 again for maintaining and enhancing an effective program to address students and/or staff health needs:

Bradfield Elementary, Garland I.S.D.

[The Clean Hands Club](#)

The Clean Hands Club has added dental and diabetes prevention programming, USDA Team Nutrition lessons and take-home activities (in English and Spanish), a 5-a-Day nutrition program for grades 3 through 5, enhancements to the hygiene promotion activities including tooth brushing education, and a weight management/exercise program for staff. The Garland I.S.D. School Health Advisory Council plays an important role in providing guidance and support to the Clean Hands Club, as well as monitoring its effectiveness.

Lozano-Shaw Elementary, Corpus Christi I.S.D.

[Good Nutrition Won't Weight](#)

Good Nutrition Won't Weight is a new initiative combined with Healthy Bodies, Healthy Minds. Good Nutrition Won't Weight makes students, parents and staff aware of risks associated with obesity, and teaches prevention through nutrition and regular exercise. Annual activities include free transportation for parents to attend the Title 1 Health Fair, classes and healthy cooking courses for parents, home visits for families with potential need for health intervention, and free health screenings for staff. Noticeable results include an increase in attendance, exercise, participation in health fairs, flu clinics, and better nutrition and practical health knowledge.

▣ All Well Institute Awards ▣

Awarded funding to send a team to the All Well Institute in recognition of their school health advisory council's success in planning and supporting coordinated health programming in the school and/or district:

Bradfield Elementary, Garland I.S.D.

[The Clean Hands Club](#)

Winner of two separate awards! See description above.

West Orange Stark H.S., West Orange-Cove C.I.S.D.

[IMPACT](#)

Interactive Mentors Presenting Alternatives to Current Trends (IMPACT) addresses obesity, drug and alcohol abuse, and hygiene. Health Science Technology (HST) students research these topics and develop interactive presentations for their peers. IMPACT has presented to over 1000 individuals in the community and students have donated over 240 hours of volunteer community service through this program. IMPACT can be duplicated on any campus. ■

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Congratulations to **Daingerfield-Lone Star ISD**, winner of the **TDH Texas Mother Friendly Worksite** award! This award recognizes companies in Texas that support mothers on their staff by providing time and private space for breastfeeding during the work day. Daingerfield-Lone Star ISD is the **FIRST** and **ONLY** school district in Texas so far to win this award! **Judy Pollan, Superintendent** (pictured at right) of Daingerfield-Lone Star ISD accepted the award on behalf of the district on March 3, 2004 at Education Service Center 8 in Mt. Pleasant. Judy has been enthusiastic and unwavering in her support for breastfeeding. In recognition of this achievement, **Healthy Mother Healthy Babies of Central Texas** is donating a Medela Symphony Breast Pump (valued at \$1300) to Judy's district. For more info on how to make your school or district a mother friendly worksite, contact **Linda Vochatzer, TDH Bureau of Women's Health** at (512) 458-7111, ext. 6233. ■



The 14th Texas
HIV/STD Conference
December 13-18, 2004
Renaissance Hotel - Austin, Texas

Sponsored by the Texas Department of Health (TDH) Bureau of HIV and STD Prevention and the University of Texas Health Science Center at San Antonio, in partnership with the Center for Health Training, National Network of STD/HIV Prevention Training Centers, and the Texas/Oklahoma AIDS Education and Training Center, this conference will provide up-to-date HIV/STD information for prevention, intervention, and clinical service providers. The following continuing education credits will be offered: CME, CNE, SW, LNFA, PT, CHES, LPC, and CADAC. For more info, visit the conference web site at www.tdh.state.tx.us/hivstd/conf/2004 or call (512) 490-2500, ext. 2561.

2005 Texas School
Health Association
Conference

January 28-29, 2005
Southfork Hotel - Plano, Texas



The TSHA annual conference offers members the opportunity to hear state and national leaders speak on current topics of importance to all those interested in the latest issues unfolding around coordinated school health. Members also have opportunities to bring their ideas and experiences to the conference through networking and interactive learning experiences. Take advantage of this weekend to share ideas and learn from education leaders, colleagues, and other health professionals dedicated to coordinated school health programming from around the state. RN, LVN, Social Work, and PDAS Continuing Education Credits will be offered. For more info and to register, visit the TSHA website at: uweb.txstate.edu/~dw13/tsha/ or call the TSHA office at (512) 918-TSHA.



September 2004

Backpack Awareness Day (www.aota.org) **22nd**
Family Health & Fitness Day (www.fitnessday.com) **24th**
5-a-Day for Better Health Week (www.5aday.gov) **19th-25th**
National Pediculosis Prevention Month (www.headlice.org/)

October

Child Health Day (mchb.hrsa.gov) **4th**
National School Lunch Week (www.asfsa.org) **11th -15th**
Healthy Lung Month (www.lungusa.org) **1(800) LUNG-USA**
National Dental Hygiene Month (www.adha.org)

November

Random Acts of Kindness Week (www.actsofkindness.org) **8th-14th**
Great American Smokeout (www.cancer.org) **18th** 1(800) ACS-2345
National Red Ribbon Campaign (www.nfp.org) **23rd - 31st**

*campaign to keep kids off drugs 1(800) 705-8997

December

National Hand Washing Awareness Week (www.henrythehand.com) **5th-11th**
National Drunk and Drugged Driving Prevention (3D) Month (www.ncadd.com)
Safe Toys and Gifts Month (www.preventblindness.org) 1(800) 331-2020

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